



Subcutaneous Immunotherapy (SCIT)

SCIT is administered in a physician's office¹

Regular scheduled appointments ensure administration of therapy^{2,3}

- Up-dosing: 1 to 3 times per week often for 8 months or longer^{4,5}
- Maintenance: ~1-2 times a month for ~3-5 years^{4,6}

SCIT reduces the need for symptomatic medications¹

Extracts are available for most symptom-causing allergens¹

Market authorization based on good manufacturing practices in mostly small experimental, controlled or non-controlled trials; no large phase 3 DBRPC trials using US extracts^{6,8*}

Extracts may or may not be standardized, but physicians are able to treat multiple allergies in a single dose^{6,9}

SCIT dosing is empirical in nature and must be individualized to each patient^{4,6}

Clinical improvement demonstrated after a maintenance dose is achieved⁴

SCIT has been used in clinical practice for many years^{6,8} with a favorable safety profile when administered in-office^{4,6}

DBRPC, double-blind, randomized, placebo-controlled; FDA, US Food and Drug Administration.

*Most placebo-controlled studies of SCIT have evaluated the efficacy of treatment as monotherapy.

1. American College of Allergy, Asthma, and Immunology website. Should I treat my allergies with immunotherapy? Accessed January 3, 2021. <http://allergytherapy.acaai.org/> 2. Bousquet J, Pfaar O, Togias A, et al. 2019 ARIA care pathways for allergen immunotherapy. *Allergy*. 2019;74:2087-2102. 3. Durham SR, Penagos M. Sublingual or subcutaneous immunotherapy for allergic rhinitis? *J Allergy Clin Immunol*. 2016;137:339-349. 4. Cox L, Nelson H, Lockey R, et al. Allergen immunotherapy: a practice parameter third update. *J Allergy Clin Immunol*. 2011;127(suppl 1):S1-S55. 5. Jourdy DN, Reissacher WR. Factors affecting time required to reach maintenance dose during subcutaneous immunotherapy. *Int Forum Allergy Rhinol*. 2012;2(4):294-299. 6. Mahler V, Esch RE, Kleine-Tebbe J, et al. Understanding differences in allergen immunotherapy products and practices in North America and Europe. *J Allergy Clin Immunol*. 2019;143:813-828. 7. Tankersley M, Han JK, Nolte H. Clinical aspects of sublingual immunotherapy tablets and drops. *Ann Allergy Asthma Immunol*. 2020;124(6):573-582. 8. Valenta R, Karaulov A, Niederberger V, et al. Allergen extracts for in vivo diagnosis and treatment of allergy: Is there a future? *J Allergy Clin Immunol Pract*. 2018;6(6):1845-1855.e2. 9. US FDA website. Allergen Extracts – Injectable. Accessed July 26, 2021. <https://www.fda.gov/vaccines-blood-biologics/allergens/allergen-extracts-injectable>



Sublingual Immunotherapy (SLIT)-tablets

SLIT-tablets are taken once-daily in the patient's home^{1-4*}

Although self-administered, SLIT-tablets allow opportunities for patient touchpoints with monitoring and follow-up^{5,6}

- No up-dosing needed with the Timothy grass, house dust mite (HDM), or ragweed SLIT-tablets, which start at maintenance dose⁶
- Up-dosing may be necessary with 5-grass SLIT-tablet^{6†}
- Duration: 3-5 years^{6,7}

SLIT-tablets reduce the need for symptomatic medications⁸

Available for the treatment of grass, ragweed, and HDM allergies,¹⁻⁴ which cover 90% of allergies⁹

FDA-approved based on large DBRPC trials with established risk/benefit profile⁶

Standardization and rapidly dissolving formulation ensure patients receive a therapeutic dose each time⁶ with year-round or pre- and co-seasonal dosing regimens¹⁻⁴

Onset of action demonstrated in clinical trials as early as 8 weeks for HDM and within the first pollen season for all other SLIT-tablets^{10,11}

Favorable safety profile¹²

DBRPC, double-blind, randomized, placebo-controlled; FDA, US Food and Drug Administration; IR, index of reactivity.

*If patients tolerate the first dose under medical supervision for 30 minutes, subsequent doses may be taken at home.

†Dosing of the 5-grass SLIT-tablet in adults begins at the maintenance dose, 300 IR. However, in children aged 5-17 years, treatment begins with one 100 IR tablet on day 1, two 100 IR tablets on day 2, and one 300 IR tablet on day 3 and thereafter for maintenance.

1. Timothy grass pollen allergen extract tablet [package insert]. Bedminster, NJ: ALK-Abelló A/S; 2019. 2. Short ragweed pollen allergen extract tablet [package insert]. Bedminster, NJ: ALK-Abelló A/S; 2021. 3. House dust mite allergen extract tablet [package insert]. Bedminster, NJ: ALK-Abelló A/S; 2020. 4. Sweet vernal, orchard, perennial rye, Timothy, and Kentucky blue grass mixed pollens allergen extract tablet website. Seasonal Grass Pollen Allergy Sublingual Treatment. Accessed July 6, 2021. <https://www.oralairhcp.com/about-oralair/efficacy> 5. Mahler V, Esch RE, Kleins-Tebbe J, et al. Understanding differences in allergen immunotherapy products and practices in North America and Europe. *J Allergy Clin Immunol.* 2019;143:813-828. 6. Tankersley M, Han JK, Nolte H. Clinical aspects of sublingual immunotherapy tablets and drops. *Ann Allergy Asthma Immunol.* 2020;124(6):573-582. 7. Cox L, Nelson H, Lockey R, et al. Allergen immunotherapy: a practice parameter third update. *J Allergy Clin Immunol.* 2011;127(suppl 1):S1-S55. 8. American College of Allergy, Asthma, and Immunology website. Should I treat my allergies with immunotherapy? Accessed January 3, 2021. <http://allergytherapy.aaaai.org/> 9. Chan-Yeung M, Anthonisen NR, Becklake MR, et al. Geographical variations in the prevalence of atopic sensitization in six study sites across Canada. *Allergy.* 2010;65(11):1404-1413. 10. ALK-Abelló A/S data on file. 11. Sweet vernal, orchard, perennial rye, Timothy, and Kentucky blue grass mixed pollens allergen extract website. Frequently asked questions. Accessed July 26, 2021. <https://oralair.com/oralairfaq> 12. Bousquet J, Pfaar O, Togias A, et al. 2019 ARIA care pathways for allergen immunotherapy. *Allergy.* 2019;74:2087-2102.